

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2923/P1dn

PJK:jld:rs

June 25, 2003

Wisconsin actually has had an "any willing provider" law since 1975. Interestingly, the 1985 budget bill excluded health maintenance organizations (HMOs), preferred provider plans (PPPs), and limited service health organizations (LSHOs) from the requirement. This made Wisconsin's "any willing provider" law more or less meaningless. This bill removes the exclusion for HMOs, PPPs, and LSHOs.

Perhaps you would like to provide more oversight for compliance with the requirement. For example, you could require a plan to file with OCI written "terms of the plan" and allow OCI to disapprove the terms if they are too exclusionary. You could require a plan to provide to a provider that is denied participation in a plan written notice of the reason for the denial.

Would you like to require plans (or just HMOs, PPPs, and LSHOs) to provide an annual period during which any provider may elect to participate in the plan, as is the case for pharmacists under s. 628.36 (2m)?

I have included amendments to ss. 609.22 (2) and 609.32 (2) (a) because there may be a conflict between those provisions and the change to s. 628.36 (2) (b) 3. Let me know if you think any further changes are needed in ch. 609 because of the change in this bill.

In addition to the substantive change, I moved the definitions of HMO, LSHO, and PPP (which are in s. 628.36 (2m) (a) in current law) to the beginning of s. 628.36, since those definitions apply in sub. (2) of that section, also.

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